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**Request
for
Continued Examination (RCE)
Transmittal**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/750,457-Conf. #4983
Filing Date	December 31, 2003
First Named Inventor	Hans Van Toor
Art Unit	1621
Examiner Name	D. D. Carr
Attorney Docket Number	334498005US2

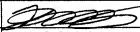
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. ☐ Submission required under 37 CFR 1.114. Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- iii. ☐ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other _____
2. ☐ Miscellaneous
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____
3. ☒ Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge any deficiencies or credit any overpayments to Deposit Account No. 50-0665.
- i. ☒ RCE fee required under 37 CFR 1.17(e) (\$810.00)
- ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17) (\$1,050.00)
- iii. ☒ Other Additional claim fees - \$630.00 (3 independent claims)
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☒ Payment by EFT Account SEA1PIRM in the amount of \$2,490.00 is hereby authorized.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	April 18, 2008
Name (Print/Type)	Kellie S. Bickel	Registration No.	46,386